



*The Commonwealth of Massachusetts
Center for Health Information and Analysis*

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ADMINISTRATIVE BULLETIN 13-02

114.5 CMR 21.00: Health Care Payers Claims Data Submission

Effective April 5, 2013

The Center for Health Information and Analysis (Center) is issuing this Administrative Bulletin to notify Health Care Payers required to submit claims data to the Center in accordance with 114.5 CMR 21.03 of changes to the All-Payer Claims Database (APCD) file submission guidelines.

The Center is reinstating the requirement that payers submitting claims and encounter data on behalf of an employer group submit claims and encounter data for employees who reside outside of Massachusetts.

The following table lists new data elements that must be submitted and also updates the descriptions, specifications, and usage information for some existing data elements. Further, some previously required data elements are changing to “Filler” fields and will no longer require any data submission.

Element	Element Name	Description, Usage or Guideline Change
PV032	Payment Arrangement Type	Registered Provider Organization ID – Registered Provider Organization Number assigned by the Health Policy Commission
PV065	TME – Non-Claims Payments: Incentive Programs	Filler – No Input
PV066	TME – Non-Claims Payments: Risk Settlements	Filler – No Input
PV067	TME – Non-Claims Payments: Care Management	Filler – No Input
PV068	TME – Non-Claims Payments: Other	Filler – No Input
PV069	TME – Non-Claims Payments: Total	Filler – No Input
PV070	TME – Non-Claims Payments: Date	Filler – No Input
ME119	Tobacco Use Flag	Filler – No Input
ME124	TME – Health Status Adjustment Tool	Attributed PCP Provider ID
ME125	TME – Health Status Adjustment Tool Version	TME OrgID - Physician Group of the Member’s PCP

ME126	TME – Health Status Adjustment Tool Date	Filler – No Input
ME127	TME – Member’s Health Status Adjustment Score	Filler – No Input
ME128	TME – Member’s Health Status Adjustment Score - Normalized	Filler – No Input
ME129	TME – Member’s Health Status Adjustment Score Start Date	Filler – No Input
ME130	TME – Member’s Health Status Adjustment Score End Date	Filler – No Input
ME131	Payment Arrangement Type	TME Global Budget/Payment Indicator
ME132	Employer Contribution	Total Contribution

The following fields have a category change:

Element	Element Name	Category
ME045	Purchased through Massachusetts Exchange Flag	B
ME120	Actuarial Value	B
ME121	Metal Level	B

Technical specifications for these fields are:

Element	Element Name	Type	Length	Description	APCD Usage and Guidelines	Condition	Category	%
<i>Provider File</i>								
PV032	Registered Provider Organization ID	Char	30	Placeholder for Registered Provider Organization ID	Total Medical Expenses & Relative Price reporting requirement. Registered Provider Organization Number assigned by the Health Policy Commission.	Assigned submitters only.	Z	0
PV065	Filler	Char	0	Filler	The APCD reserves this field for future use. Do not populate with any data.	All	Z	0

PV066	Filler	Char	0	Filler	The APCD reserves this field for future use. Do not populate with any data.	All	Z	0
PV067	Filler	Char	0	Filler	The APCD reserves this field for future use. Do not populate with any data.	All	Z	0
PV068	Filler	Char	0	Filler	The APCD reserves this field for future use. Do not populate with any data.	All	Z	0
PV069	Filler	Char	0	Filler	The APCD reserves this field for future use. Do not populate with any data.	All	Z	0
PV070	Filler	Char	0	Filler	The APCD reserves this field for future use. Do not populate with any data.	All	Z	0
<i>Member Eligibility File</i>								
ME045	Purchased through Massachusetts Exchange Flag	Int	1	Indicator – MA Exchange Purchase	Report the value that defines the element. Example: 1 = Yes, policy for this eligibility was purchased through MA Health Exchange. Required for Risk Assessment.	All	B	100
ME119	Filler	Char	0	Filler	The APCD reserves this field for future use. Do not populate with any data.	All	Z	0
ME120	Actuarial Value	Decimal - Numeric	6	Calculated Score for Risk Adjustment	Report the Actuarial Value of this member for the time period indicated by Enrollment Start and End dates in 0.0000 Format. Required for Risk Assessment.	Required when Submitter is identified as a Risk Holder Submitter	B	100
ME121	Metal Level	Int	1	Standardized plan level in metal reference	Report the Metal Level benefits that the member is associated to in this line of eligibility. Required for Risk Assessment.	Required when Submitter is identified as a Risk Holder Submitter	B	100

ME124	Attributed PCP Provider ID	Text	30	ID Link to PV002. PV002 for PCP attributed to patient for prior year.	Required for Total Medical Expense Reporting. OrgID specific. The PCP attributed to a member by the payer.	Assigned submitters only. Required in December file only. Required when ME131 = 1 and ME046 is '999999999 U' or '999999999 NA' or missing.	A2	100
ME125	TME OrgID - Physician Group of the Member's PCP	Integer	6	TME Provider OrgID	Required for Total Medical Expense Reporting. OrgID specific. TME Provider OrgID for the Physician Group of the Member's PCP and not the place of service for the claim	Assigned submitters only.	A2	100
ME126	Filler	Char	0	Filler	The APCD reserves this field for future use. Do not populate with any data.	All	Z	0
ME127	Filler	Char	0	Filler	The APCD reserves this field for future use. Do not populate with any data.	All	Z	0
ME128	Filler	Char	0	Filler	The APCD reserves this field for future use. Do not populate with any data.	All	Z	0
ME129	Filler	Char	0	Filler	The APCD reserves this field for future use. Do not populate with any data.	All	Z	0
ME130	Filler	Char	0	Filler	The APCD reserves this field for future use. Do not populate with any data.	All	Z	0

ME131	TME Global Budget/Payment Indicator	Integer	1	TME Global Budget/Payment Indicator	Required when Submitter is identified as a TME / RP Submitter. Report whether the member's contract was assigned under a global budget/payment contract. EXAMPLE: 1 = Yes, the member's contract was assigned under a global/budget/payment contract.	Assigned submitters only.	A2	100
				Value	Description			
				1	Yes			
				2	No			
ME132	Total Contribution	Integer	10	Employer + Subscriber's total contribution to monthly premium	Required for Cost Trends Analysis.	Risk Holders report a value when ME060 = A, I, O or P and Member = Subscriber	B	100

The following table lists general changes and updates to be made to file types:

ACTION	NARRATIVE
Reset Length on ICD-CM Procedure Codes	Set length of all Medical Claim Procedure Codes to varchar(7) to accommodate ICD-10 Updates (MC058, MC083-MC088).